

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-476)

SERIAL NO.

APPLICANT'S

FILING DATE

2-25-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IN. NO.	OEP.	IN. NO.	OEP.	IN. NO.	OEP.
1	1					
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TOTAL IN. NO.	22					
TOTAL OEP.	5					
TOTAL IN. NO.	27					
TOTAL OEP.	27					

	IN. NO.	OEP.	IN. NO.	OEP.	IN. NO.	OEP.
61						
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100						
TOTAL IN. NO.	132		135		137	
TOTAL OEP.	132		135		137	
TOTAL IN. NO.	27		27		27	
TOTAL OEP.	27		27		27	